

ATTACHMENT 3

Speech and language pathology maximum allowable fees effective October 1, 2002

Procedure code	Procedure description	Recipient* copayment	Maximum allowable fee	
			Independents	Rehab agencies
31575	Laryngoscopy, flexible fiberoptic; diagnosis	\$3.00	\$70.96	\$74.51
31579	Laryngoscopy, flexible or rigid fiberoptic, with stroboscopy	\$3.00	\$113.92	\$119.62
92506	Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status	\$3.00	\$57.19	\$60.04
92507	Treatment of speech, language, voice communication, and/or auditory processing disorder (includes aural rehabilitation); individual	\$2.00	\$45.18	\$47.44
92508	group, two or more individuals**	\$2.00	\$26.68	\$28.01
92510	Aural rehabilitation following cochlear implant (includes evaluation of aural rehabilitation status and hearing, therapeutic services) with or without speech processor programming	\$3.00	\$75.95	\$79.75
92511	Nasopharyngoscopy with endoscope (separate procedure)	\$2.00	\$46.65	\$48.99
92512	Nasal function studies (eg, rhinomanometry)	\$2.00	\$36.02	\$37.82
92520	Laryngeal function studies	\$2.00	\$29.29	\$30.76
92526	Treatment of swallowing dysfunction and/or oral function for feeding	\$2.00	\$46.03	\$48.34
92599	Unlisted otorhinolaryngological service or procedure	\$3.00	Manually priced	
96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour	\$2.00	\$41.23	\$43.29
G0193	Endoscopic study of swallowing function (also fiberoptic endoscopic evaluation of swallowing (FEES)	\$3.00	Manually priced	
G0194	Sensory testing during endoscopic study of swallowing referred to as fiberoptic endoscopic evaluation of swallowing with sensory testing (FEEST)	\$3.00	Manually priced	
G0195	Clinical evaluation of swallowing function	\$3.00	\$68.10	\$71.51
G0196	Evaluation of swallowing involving swallowing of radio-opaque materials	\$3.00	Manually priced	
G0197	Evaluation of patient for prescription of speech generating devices	\$3.00	\$71.95	\$75.55
G0198	Patient adaptation and training for use of speech generating devices	\$2.00	\$44.92	\$47.17

*Federal law permits states to charge Medicaid recipients copayments for certain services. Providers are required to request the copayment amount from recipients; however, they may not deny services to a recipient who fails to make a copayment. For a list of exemptions, refer to the Recipient Rights and Responsibilities section of the All-Provider Handbook. Co-payment may only be charged for either the first 30 hours or \$1,500 of services for each type of therapy, per calendar year.

**Wisconsin Medicaid limits group to 2 to 4 individuals.

Procedure code	Procedure description	Recipient* copayment	Maximum allowable fee	
			Independents	Rehab agencies
G0199	Re-evaluation of patient using speech generating devices	\$3.00	\$59.89	\$62.89
G0200	Evaluation of patient for prescription of voice prosthetic	\$3.00	\$71.61	\$75.19
G0201	Modification or training in use of voice prosthetic	\$2.00	\$44.92	\$47.16

*Federal law permits states to charge Medicaid recipients copayments for certain services. Providers are required to request the copayment amount from recipients; however, they may not deny services to a recipient who fails to make a copayment. For a list of exemptions, refer to the Recipient Rights and Responsibilities section of the All-Provider Handbook.